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Bib Data Sheet

CONFIRMATION NO. 7596

SERIAL NUMBER 10/808,817	FILING DATE 03/25/2004 RULE	CLASS 082	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. SPINE 3.0-421
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 03293189.1 12/16/2003 NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 13	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Apparatus and method for cutting spinal implants

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)